

Creating a Culture of Collaboration & Learning

Tucson's national model of mental health & law enforcement partnership

19th Annual Arizona Summer Institute for Applied Behavioral Health – Flagstaff, AZ: July 18-20

Margie Balfour, MD, PhD

ConnectionsAZ: Chief of Quality & Clinical Innovation

Univ of Arizona: Asst Professor of Psychiatry

margie.Balfour@connectionsahs.com

Sgt. Jason Winsky

Tucson Police Department

Mental Health Support Team

Jason.Winsky@tucsonaz.gov



Terry Randolph, MA, LPC

Director of Crisis Services

Cenpatico Integrated Care/Arizona Complete Health

TRANDOLPH@azcompletehealth.com

Sarah Davis MPH

Health Data and Systems Manager

Pima County Office of Health Services

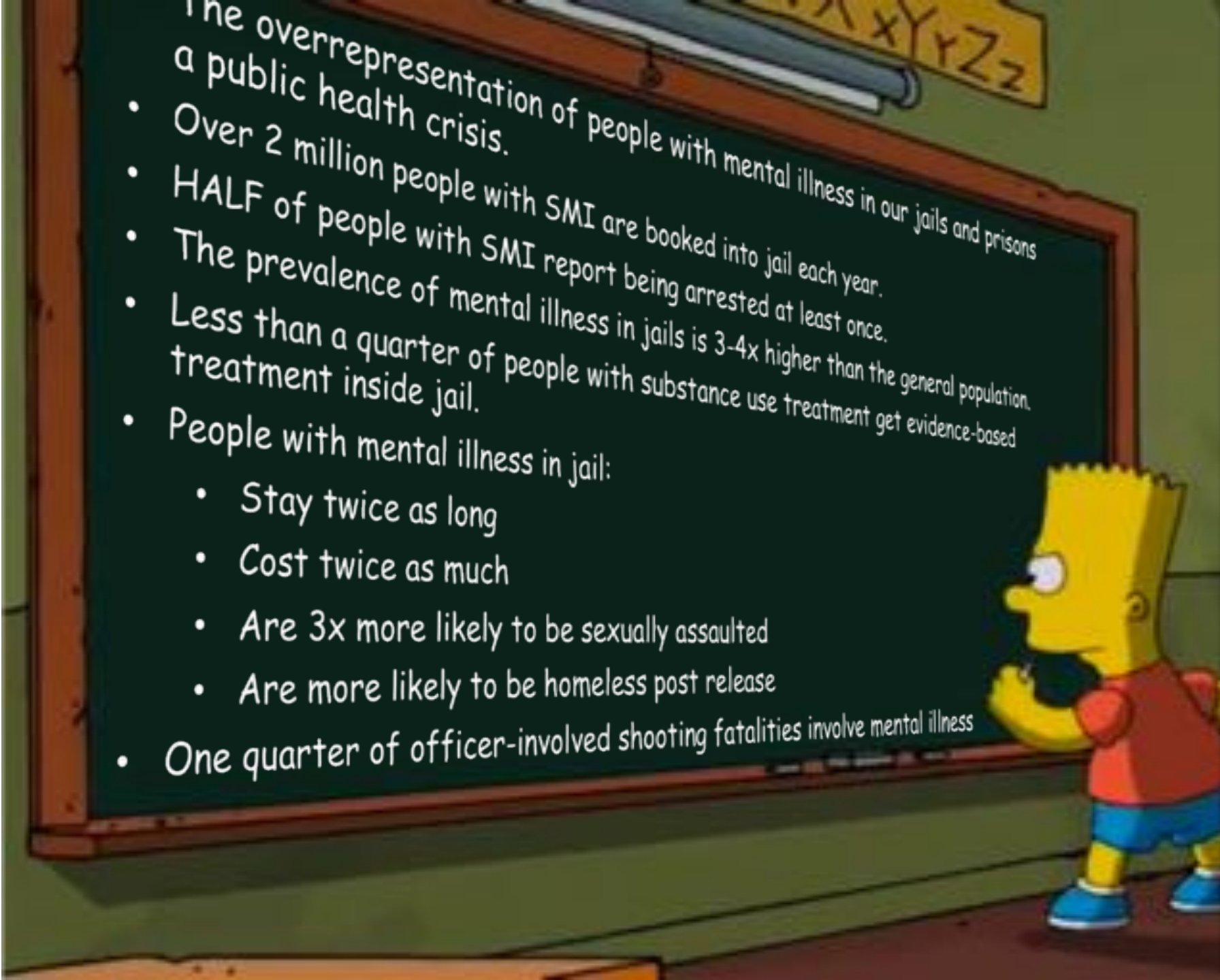
Sarah.Davis@pima.gov

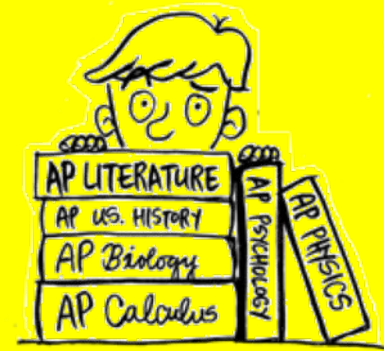
Polly Knappe, LPC

Clinical Director, SUN Clinic

Connections AZ

Polly.knappe@connectionsahs.com

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- The overrepresentation of people with mental illness in our jails and prisons a public health crisis.
 - Over 2 million people with SMI are booked into jail each year.
 - HALF of people with SMI report being arrested at least once.
 - The prevalence of mental illness in jails is 3-4x higher than the general population.
 - Less than a quarter of people with substance use treatment get evidence-based treatment inside jail.
 - People with mental illness in jail:
 - Stay twice as long
 - Cost twice as much
 - Are 3x more likely to be sexually assaulted
 - Are more likely to be homeless post release
 - One quarter of officer-involved shooting fatalities involve mental illness



We Arizonans already know these things.

Arizona's BH system and justice collaborations already recognized as among the most advanced in the nation



Advanced Curriculum:

How can we:

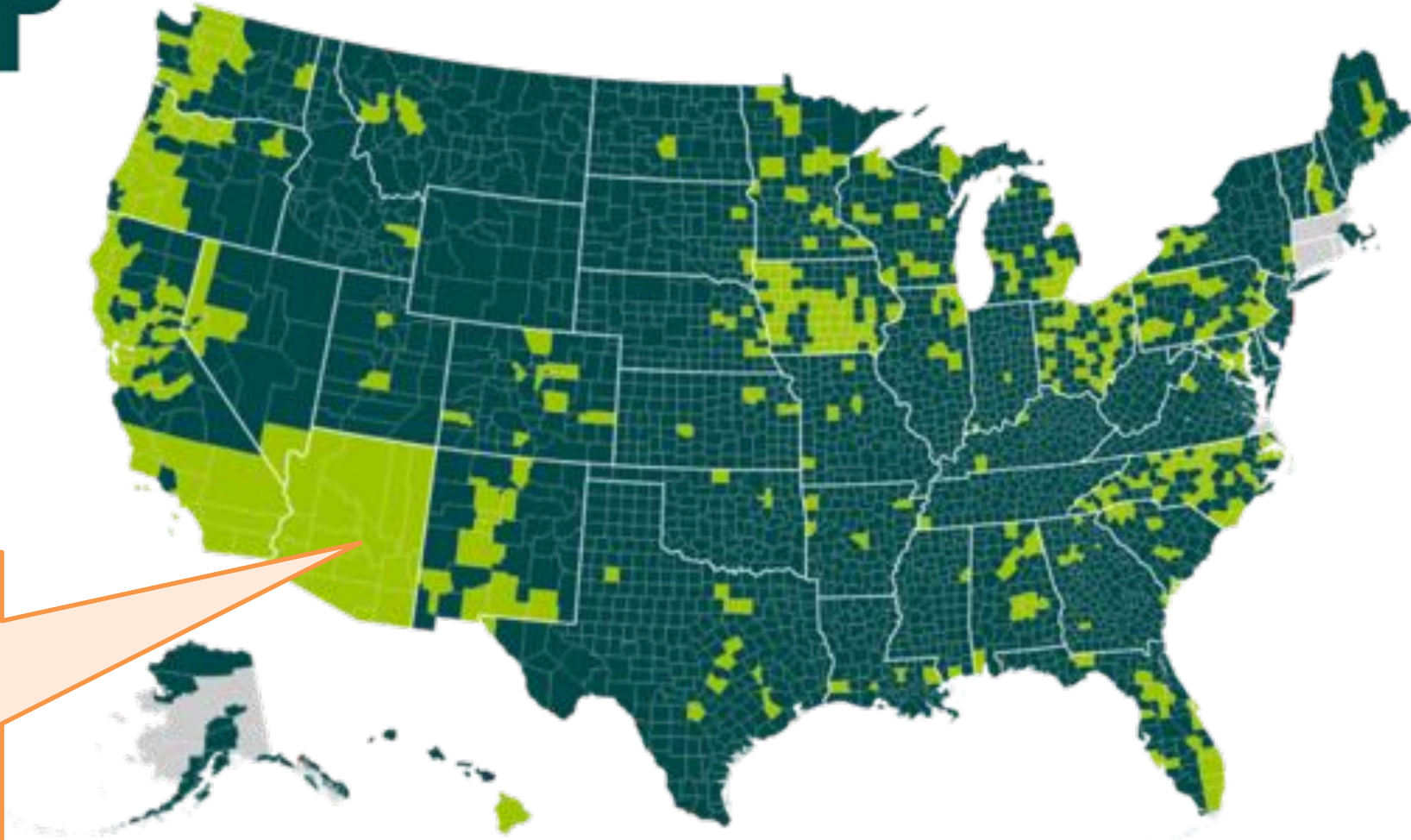
- Learn from other AZ communities' successes and challenges?
- Teach other states/counties about our programs?
- Learn from other examples of excellence and innovation in other states?

What Makes Arizona Unique?



THE
STEPPINGUP
INITIATIVE

A National Initiative to
Reduce the Number of
People with Mental
Illnesses in Jails

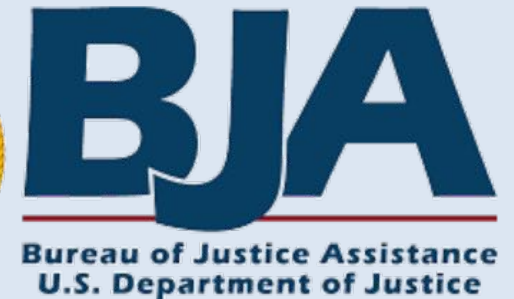


Arizona is the first and only state in which **100% of counties** have signed resolutions to participate.

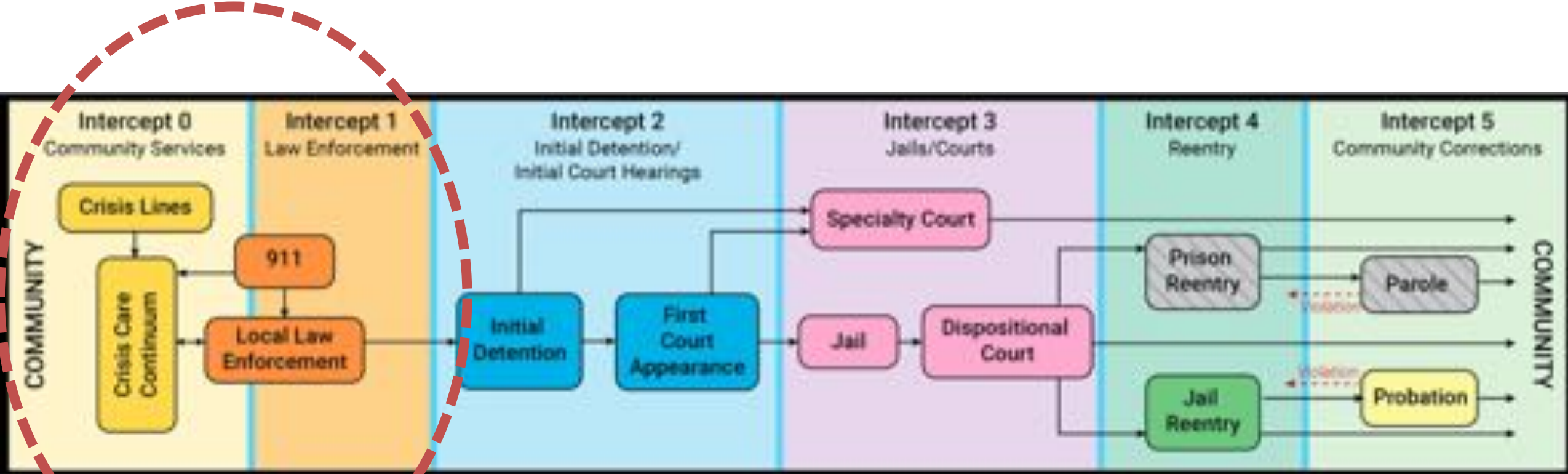


Learning Sites

- Centers of Excellence in Law Enforcement + Mental Health System Collaboration
- Awarded to 10 law enforcement jurisdictions around the US
- Supports the following:
 - Technical assistance and/or site visits for other communities
 - Peer to peer learning among the sites
- Paying it forward
 - Tucson team visited the LAPD learning site
 - Learned how to implement co-responder model
 - Applied for and became a new learning site the following year



Sequential Intercept Model



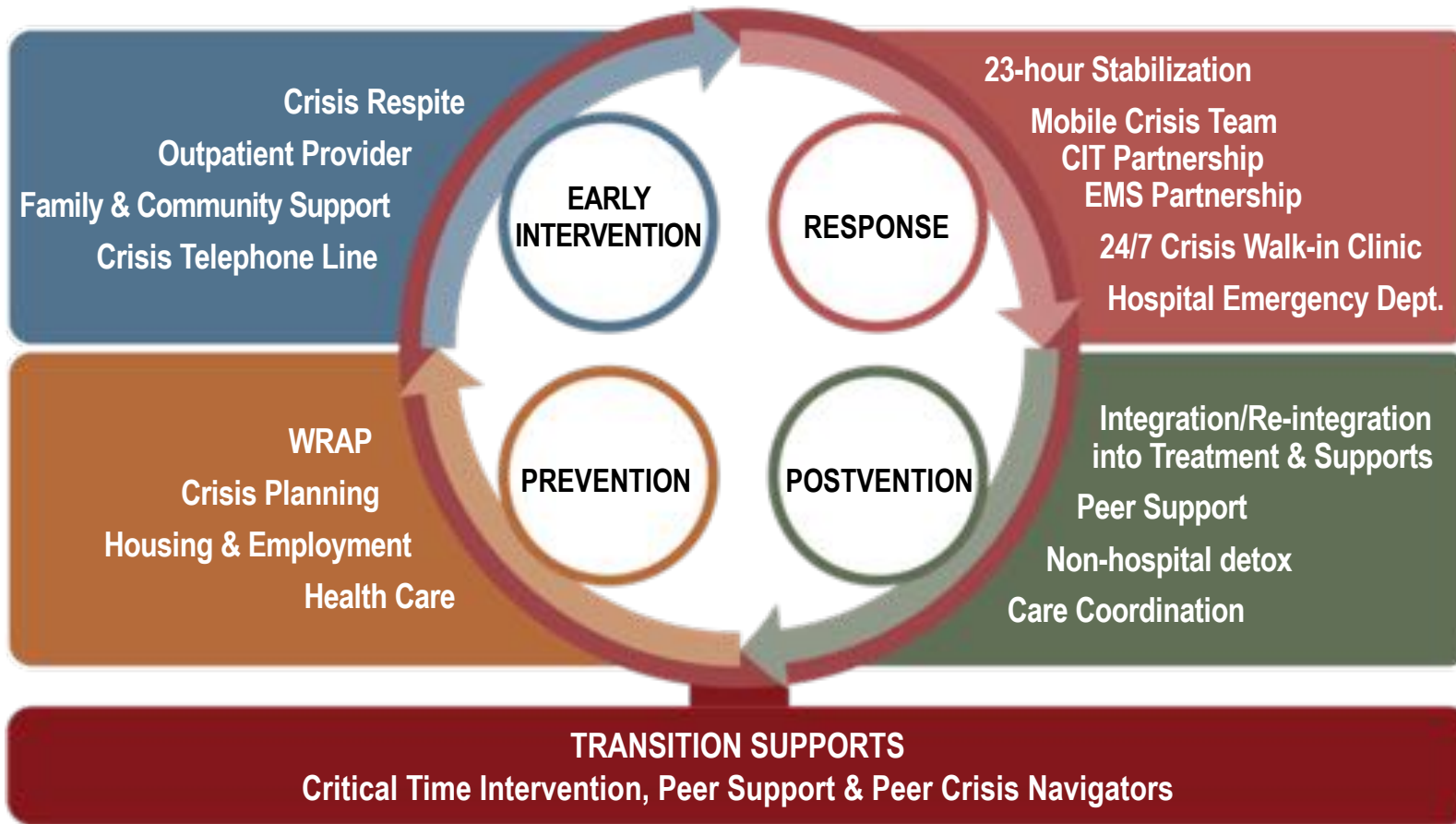
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Today's Focus:
Preventing Arrest (and if possible civil commitment)



Behavioral Health Crisis Continuum

A CONTINUUM OF CRISIS INTERVENTION NEEDS

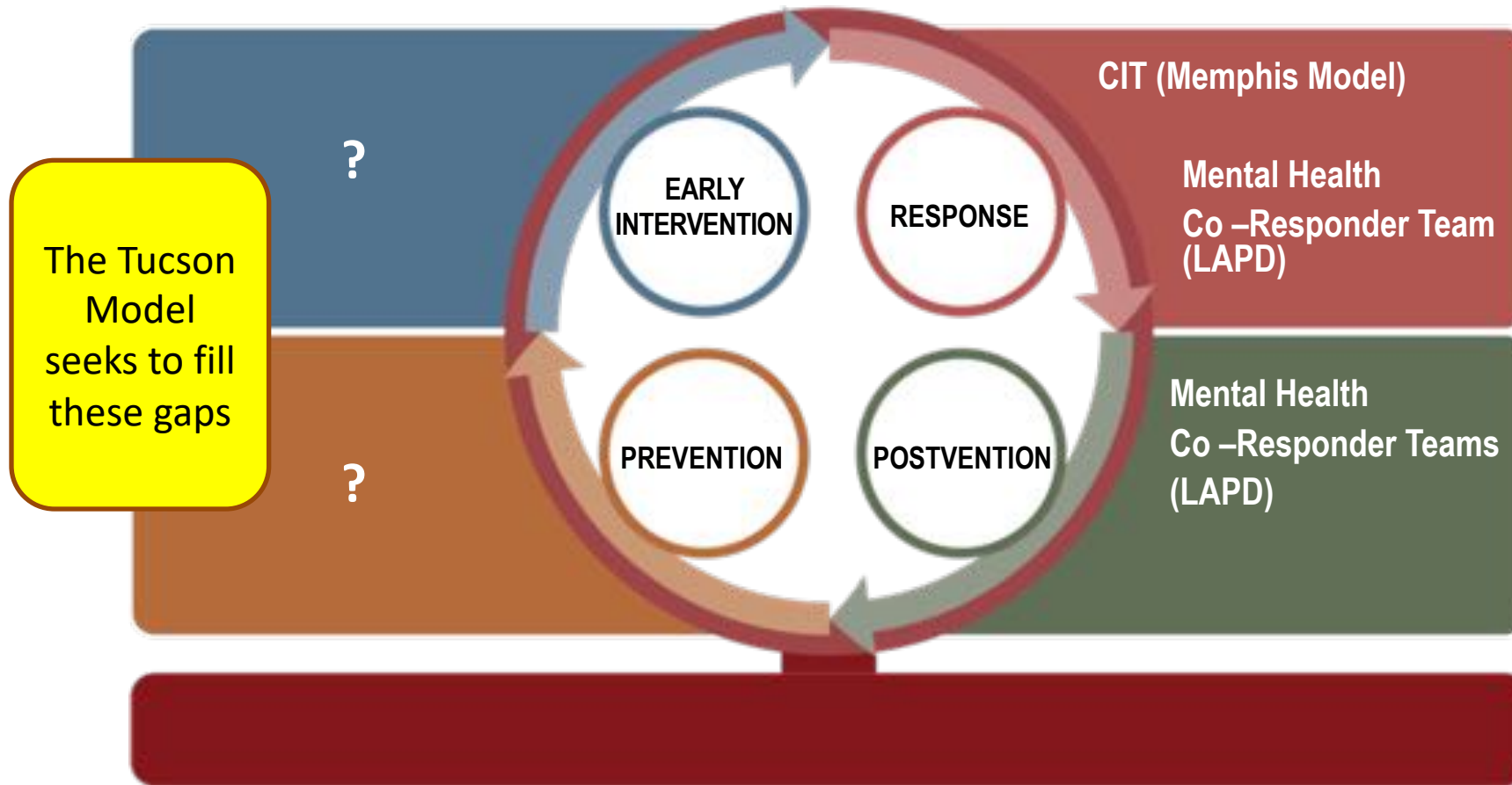


Adapted from: Richard McKeon (Chief, Suicide Prevention Branch, SAMHSA). Supercharge Crisis Services, National Council for Behavioral Health Annual Conference, 2015.



Law Enforcement Crisis Continuum

A CONTINUUM OF CRISIS INTERVENTION NEEDS



The Tucson Model seeks to fill these gaps

Most interventions occur AFTER things have escalated to the point of crisis



The Tucson Mental Health Support Team Model

A preventative approach to crisis and public safety

Sgt. Jason Winsky

Tucson Police Department

Mental Health Support Team



Typically Police Have to Balance the two...



MHST (Mental Health Support Team)
seeks to find solutions to both.



The Mental Health Support Team Model

Tucson's preventative approach that builds on CIT

- In 2011, Tucson already had one of the oldest and most respected CIT programs in the nation.
- Yet someone like Jared Loughner fell through the cracks with tragic results.
- A catalyst for taking a fresh look at our approach to mental health crisis:
 - CIT provided the tools to help officers **respond** to a person in behavioral health crisis.
 - But perhaps with a different approach we can **prevent** some crises and related threats to public safety altogether?



Purpose of MHST

MHST Mission:

- Community Service

- Public Safety

- Risk Management

- Decrease risk to officers and deputies
- Decrease risk to community
- Decrease risk to persons with mental illness
- Decrease waste of taxpayer dollars
- BREAK THE CYCLE



MHST Areas of intervention

- Many people suffering from mental health issues fall between the cracks of the system
- They always become the responsibility of law enforcement



MHST is a DEDICATED TEAM comprised of both Officers and Detectives

Officers = Support/Transport

- Focuses on safety and service for people already in the civil commitment system
- Centralized tracking and accountability
- Specialized training
- Develop relationships with patients and service providers



Detectives = Investigation

- Focuses on public safety and preventing people from falling through the cracks
- Investigate “nuisance calls” that otherwise wouldn’t be investigated
- Recognize patterns and connect people to service before the situation escalates to a crisis



MHST Officers: A New Approach



MHST officers wear plainclothes because it both decreases the anxiety of the person receiving services and also has an effect on the officer's attitude.

MHST Detectives: Investigations

The “weird stuff”
detectives



Case Triage:

- Cases reviewed based on circumstance code or referral
- **Review over 4000 cases per year!**

Threat to public safety and/or serious criminal component

- Routed to MHST for follow up
- Full criminal and MH investigation conducted if needed

NOT a threat to public safety (danger to self only)

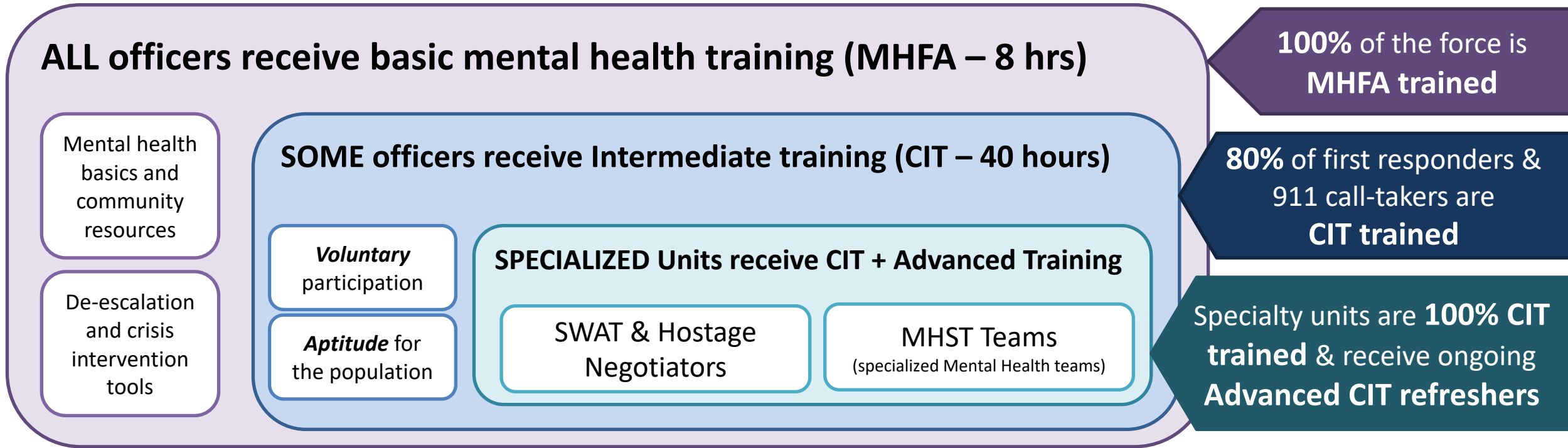
- Referred to mental health provider

MHST Investigations: 2-Pronged Approach



Tucson Training Model

Research shows^{1,2} that CIT is *most effective* when the training is VOLUNTARY and the Tucson Model strongly supports this philosophy. The Tucson Model mandates basic training for everyone, while more advanced training is voluntary. High rates of training are achieved through culture change and by creating incentives to make the training desirable.



1. CIT International and National Council for Behavioral Health joint statement on MHFA vs CIT: <https://www.mentalhealthfirstaid.org/cs/wp-content/uploads/2016/01/FINAL-MHFA-CIT-White-Paper-Annoucement.pdf>

2. Compton MT, Bakeman R, Broussard B, D'Orio B, Watson AC. Police officers' volunteering for (rather than being assigned to) Crisis Intervention Team (CIT) training: Evidence for a beneficial self-selection effect. Behav Sci Law. 2017 Sep;35(5-6):470-479. doi: 10.1002/bsl.2301.

Southern AZ Regional Training Center – MHFA, CIT, Advanced CIT

Tucson Police host largest Crisis Intervention Training Program in the country this week

BY: Priscilla Casper

POSTED: 5:02 PM, Nov 30, 2016

UPDATED: 5:14 PM, Nov 30, 2016



- Joint program between TPD, PCSO with support from Cenpatico Integrated Care and other community mental health agencies
- Provides regular training to over a dozen local and federal agencies across Southern Arizona – urban, rural and frontier
- Most content is delivered by mental health system partners
- Provide training and technical assistance to other departments



Mental Health First Aid On The Road

Southern AZ Team disseminating MHFA across AZ

Prescott Valley (pop 43K)
20 officers trained

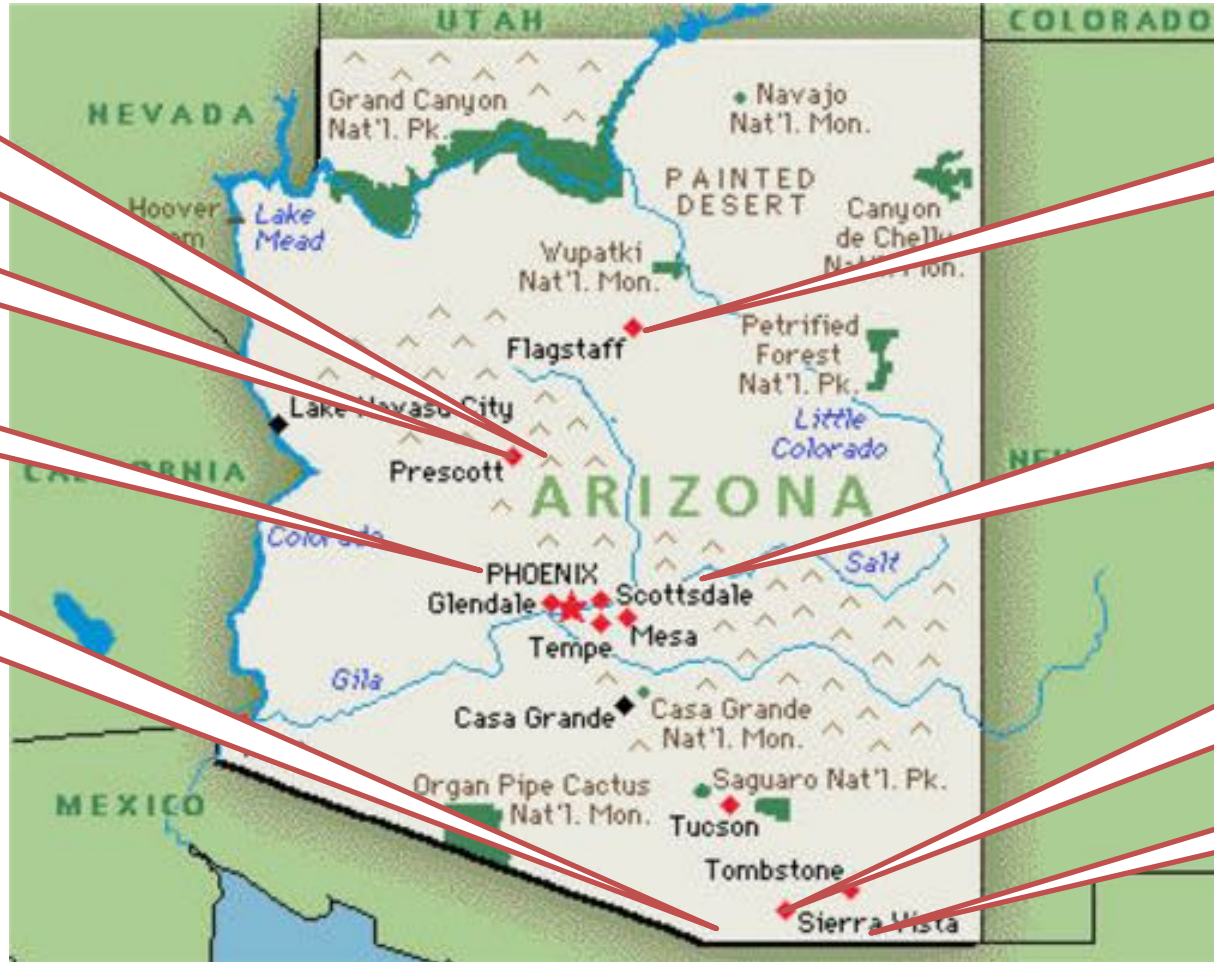
Prescott (pop 43K)
20 officers trained

Surprise (pop 132K)
100 officers trained

Nogales (pop 20K)
20 officers trained

Arizona at a glance

- 2x the size of New York State
- Pop 7 million (vs NY 20 million)
- 60% pop in Maricopa Co (PHX)
- 15% pop in Pima Co (Tucson)
- Most places besides greater PHX and TUS are more rural/frontier
- 25% land mass is reservation



Flagstaff (pop 71K)
30 officers trained

Salt River Pima - Maricopa Indian Community (pop 9K)
100 officers and community health workers trained

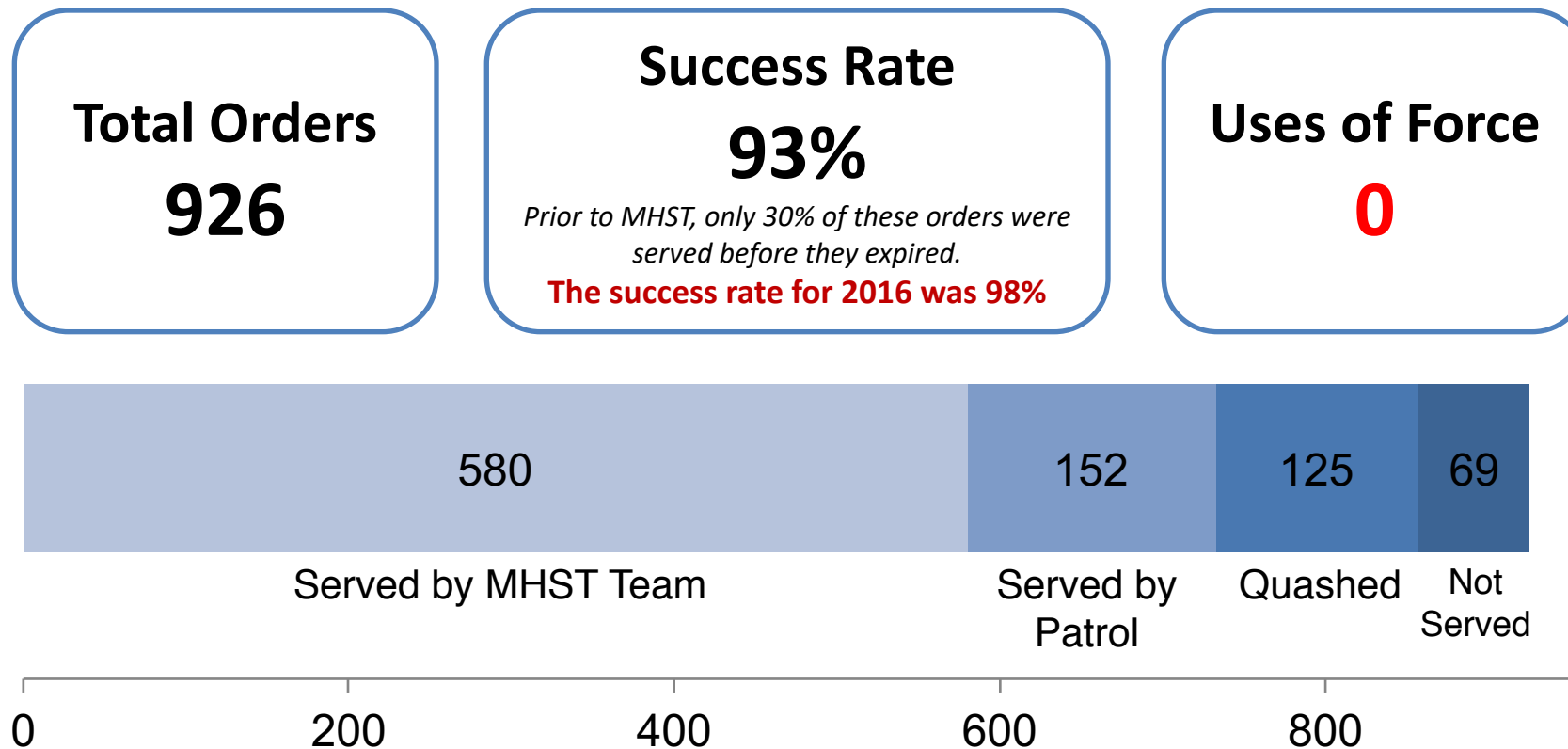
Sierra Vista (pop 43K)
20 officers trained

Bisbee (pop 5K)
5 officers trained



Outcomes: Connection to treatment without use of force

TPD Civil Commitment Pickup Orders 2014-2016
(COT revocations/amendments, non-emergent petitions)

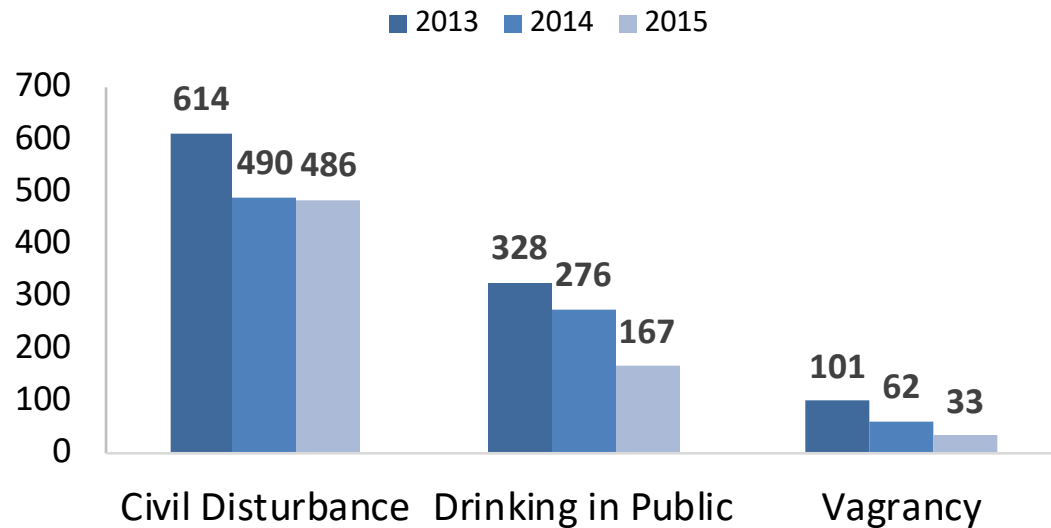


Outcomes: LESS justice involvement

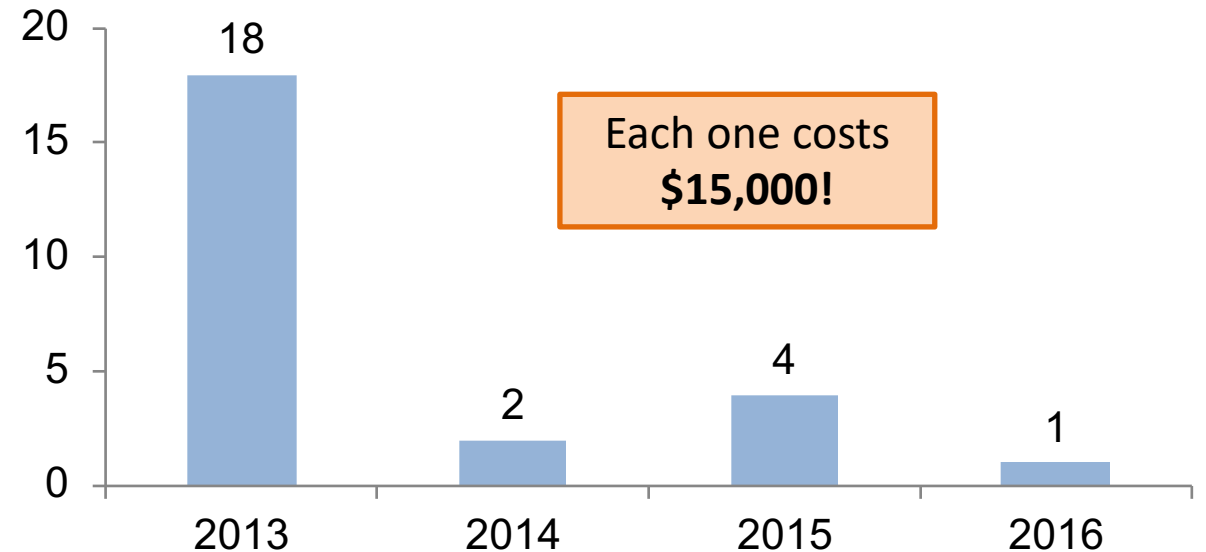
Fewer calls for low-level crimes that tend to land our people in jail.

Culture change in how the organizations respond to mental health crisis.

TPD Selected Incidents "Nuisance Calls" Per Year



Tucson Police Dept. SWAT deployments for Suicidal Barricade



Balfour ME, Winsky JM and Isely JM; The Tucson Mental Health Investigative Support Team (MHIST) Model: A prevention focused approach to crisis and public safety. Psychiatric Services. 2017;68(2):211-212; DOI: 10.1176/appi.ps.68203

New Co-Responder Teams support community stabilization



Tucson Police Department Mental Health Support Team (MHST) Detective



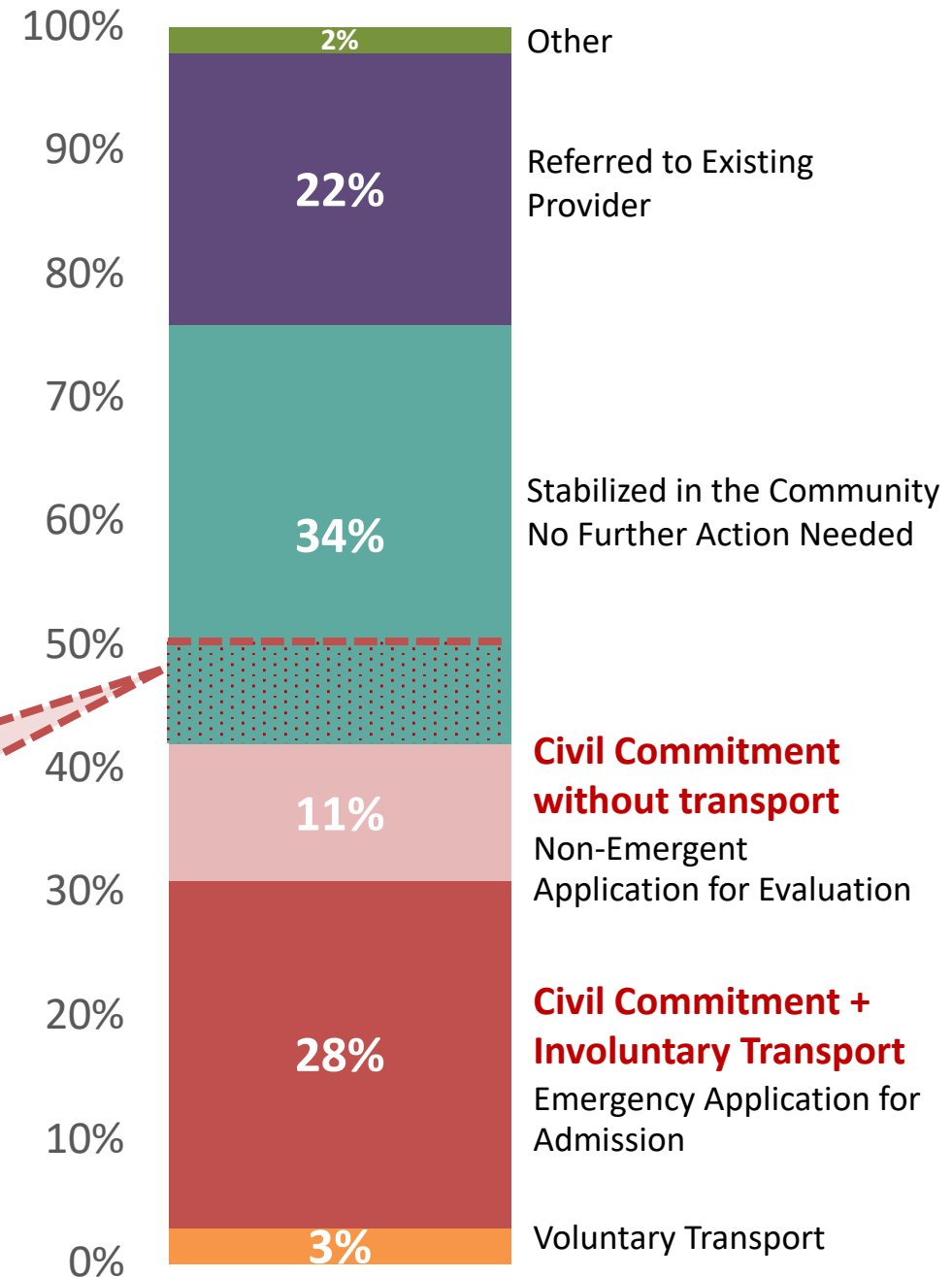
+ Mobile Team Clinician (Community Bridges)

- Clinician helps police respond to cases that might need civil commitment (PAD)
- Officer helps clinicians respond to higher-acuity calls
- Work together to stabilize the person in the community



RESULT: More people get their needs met in the least restrictive setting.

Prior to the co-responder model, over 50% of MHST Detectives cases resulted in civil commitment and/or transport to a facility.



Law Enforcement Lessons Learned

- A **transformational shift**: in policy, in practice, in thinking about responding to persons in crisis
- With **dedicated NOT designated** personnel
- Saving **time and resources**
- Being **proactive versus reactive**
- Collaborating with community partners **before** there is a crisis



Being a good partner to law enforcement

Strategies for Crisis Providers

Margie Balfour, MD, PhD

Connections Health Solutions

Chief of Quality & Clinical Innovation

Chief Clinical Officer, Crisis Response Center

Asst Prof of Psychiatry, University of Arizona



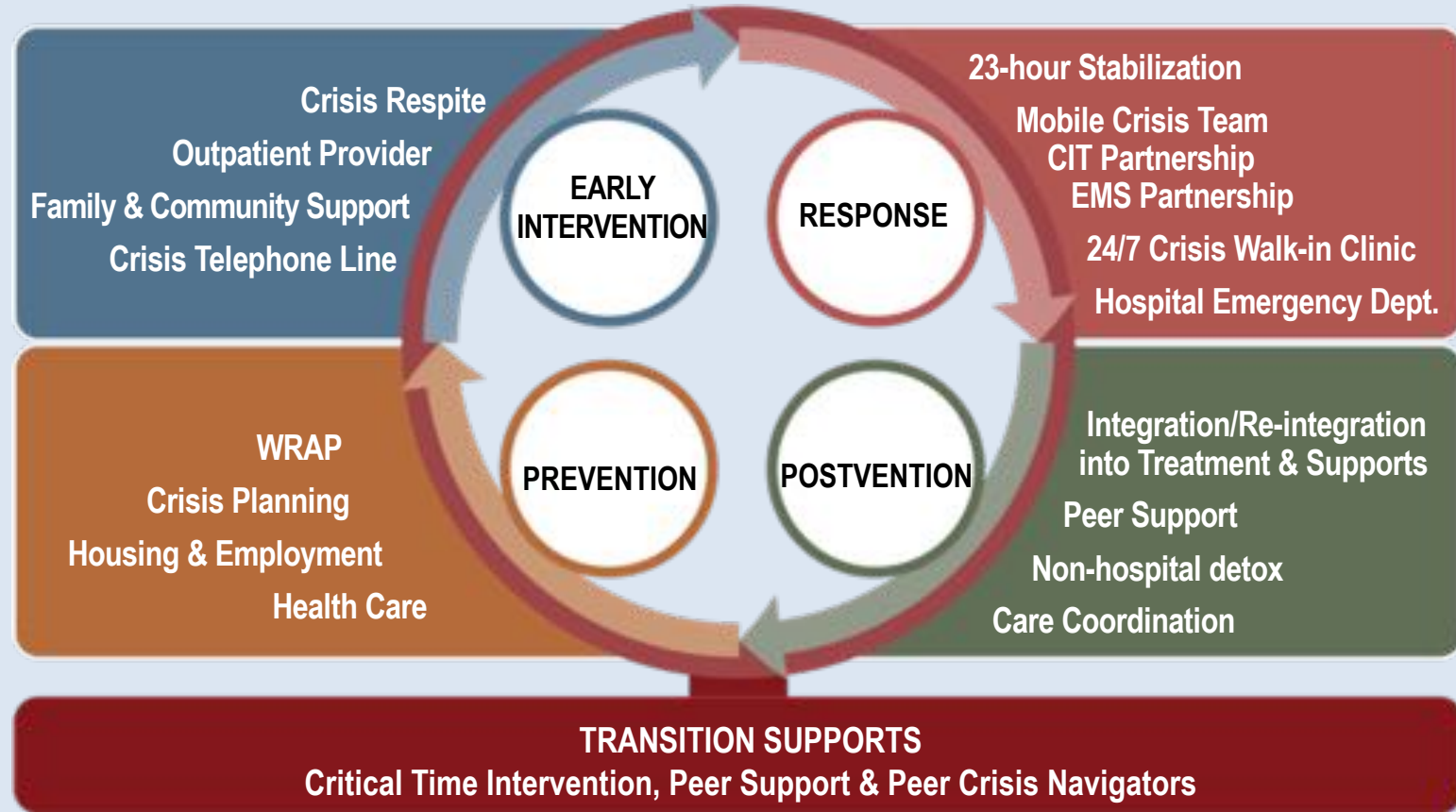
SYSTEM vs. Services

A crisis system is **more than a collection of services.**

Crisis services must all **work together** as a coordinated system to achieve **common goals.**

And be **more than the sum of its parts.**

A crisis system needs a robust **continuum of services** to meet the needs of people in various stages of crisis.



Adapted from: Richard McKeon (Chief, Suicide Prevention Branch, SAMHSA). Supercharge Crisis Services, National Council for Behavioral Health Annual Conference, 2015.

3 Key Ingredients for a SYSTEM

Accountability



- Who is *responsible* for the system?
- Governance and financing structure
- System values and outcomes
- Holding providers accountable

Collaboration



- Broad inclusion of potential customers, partners, & stakeholders
- Alignment of operational processes & training towards common goals
- Culture of communication & problem solving

Data



- Are we achieving desired outcomes?
- Performance targets & financial incentives
- Continuous quality improvement
- Data driven decision making

Arizona Behavioral Health System Structure

Southern Arizona Region:
 8 counties
 38,542 mi² (3 Marylands)
 1.8 million people
 6 Tribal Nations
 378 mi of international border

Tucson: 530,000
Pima County: 1 million
 Similar in size and population to NH



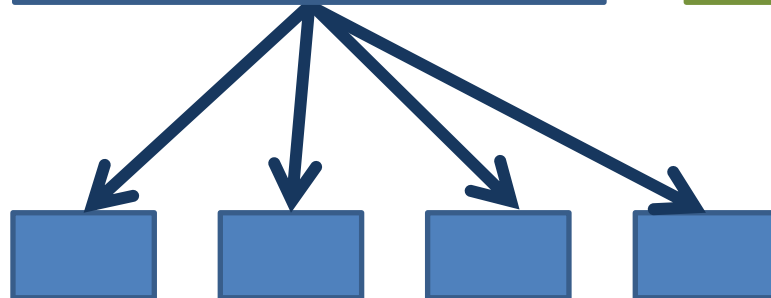
AZ Medicaid



Other state funds



Counties



Hospitals, Crisis Facilities, Clinics, etc.

The financing & governance structure supports accountability & oversight of the crisis system.

Our Medicaid structure provides the framework for shared goals, accountability, and collaboration

- Centralized **planning**
- Centralized **accountability**
- **Alignment** of clinical & financial goals

Regional Behavioral Health Authority

Performance metrics and payment systems that **promote common goals**

Decrease

- ED & hospital use
- Justice involvement

Increase


- Community stabilization
- Engagement in care


These goals represent both good clinical care & fiscal responsibility.



Arizona's strategic behavioral health service design targeted at reducing justice involvement

 **State** says: Reduce criminal justice costs for people with SMI.

 **AHCCCS** contracts with Medicaid MCOs/RBHAs and includes deliverables targeted at reducing criminal justice involvement.

 **RBHA** (which is at risk) uses contract requirements/VBP to incentivize subcontracted providers to implement services and processes targeted at reducing justice involvement.

Targeted Processes:
Law Enforcement as a “preferred customer”

CRISIS LINE

- Some 911 calls are warm-transferred to the crisis line
- Dedicated LE number goes directly to a supervisor

MOBILE TEAMS

- **30 minute response time** for LE calls (vs. 60 min routine)
- Some teams assigned as **co-responders** (cop + clinician)

Targeted Programs & Services

Forensic ACT

MRT

“Reach in” – plans must work with members prior to release to set up benefits and an outpatient care plan

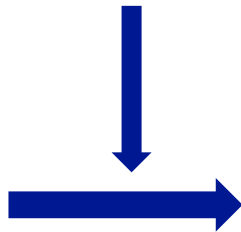


Centralized Crisis Line + Mobile Teams

LEAST Restrictive
LEAST Costly



Person in crisis



Crisis Line



80% resolved
on the phone



Mobile Teams



72% resolved
in the field

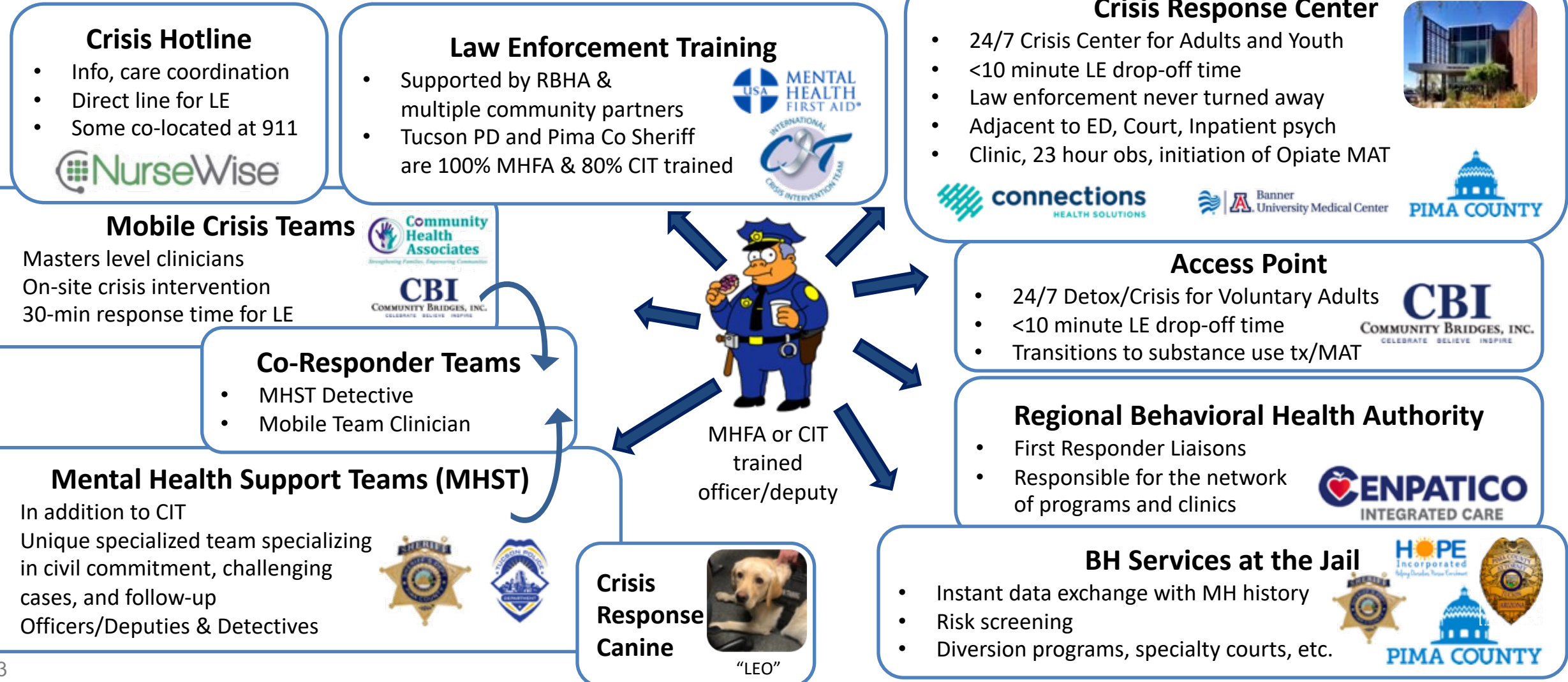


Per month:

- **10,450 calls**
- Crisis counseling
- Care coordination
- **550** follow-up appts scheduled

- **1,779 activations**
- **34 minute** response time
- **18%** law enforcement initiated
- **12** mobile teams and co-responder teams

Many options for law enforcement to divert people to treatment instead of jail all with a culture of NO WRONG DOOR



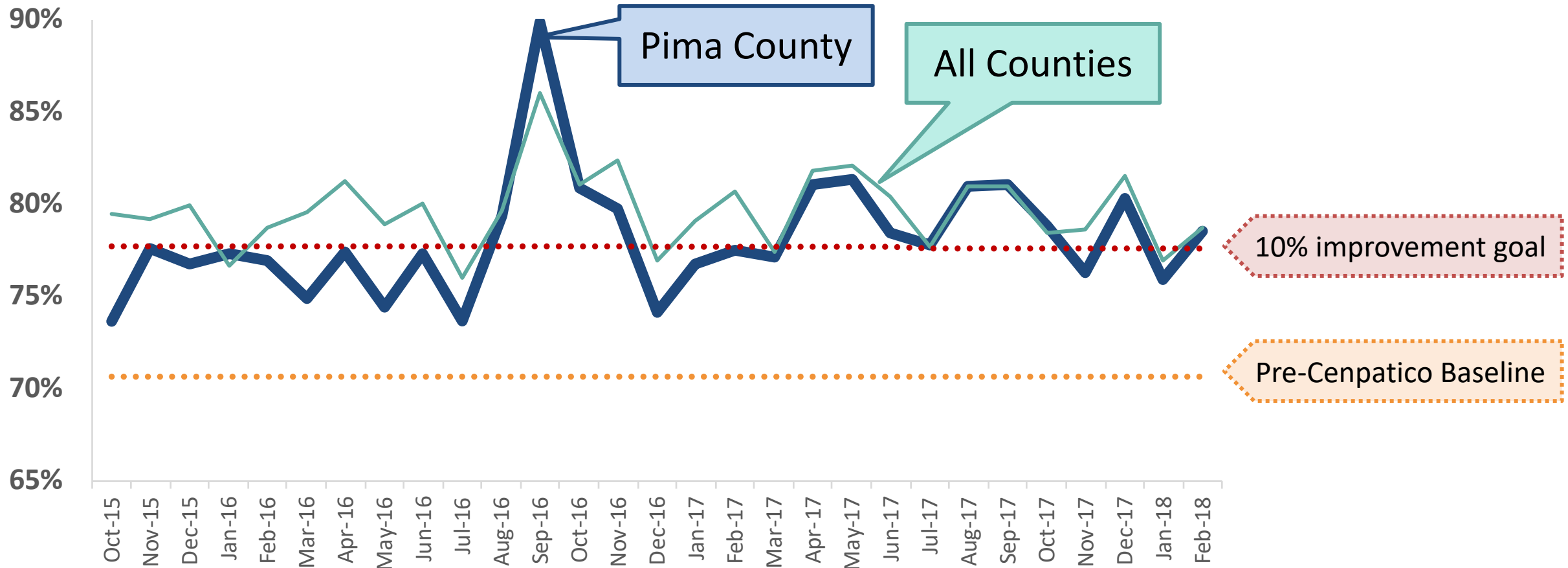
After the crisis...

- **Step-down programs**
 - Crisis Residential (in AZ, "Level 2" or "Brief Intervention Programs")
 - Residential substance use treatment
- **Post-crisis follow-up**
 - Second responders focused on housing, DCS involvement
 - Hope SPAN 45 days post-crisis peer services, transportation to appointments, picking up meds, getting benefits, etc.
 - Follow-up phone calls and welfare checks
- **Outpatient services**
 - Behavioral health homes and specialty providers
- **Special plans** for "familiar faces" (high utilizers)



Continued Stabilization

Percent of Mobile Team Encounters with NO Inpatient Admission After 45 Days



The Crisis Response Center

- Built with Pima County bond funds in 2011
 - Alternative to jail, ED, hospitals
 - Services financed by the RBHA
 - 12,000 adults + 2,400 youth per year
- **Law enforcement receiving center with NO WRONG DOOR**
(no exclusions for acuity, agitation, intoxication, payer, etc.)
- 24/7 urgent care, 23-hour observation, short-term inpatient
- 24/7 staffing with MDs, Nurses, Techs, Peers, Social Work
- Space for co-located community programs
 - Including peer-run post-crisis wraparound program
- Adjacent to
 - Banner University Emergency Department (Level 2 Trauma Center)
 - Crisis call center
 - Inpatient psych hospital for civil commitments
 - Mental health court

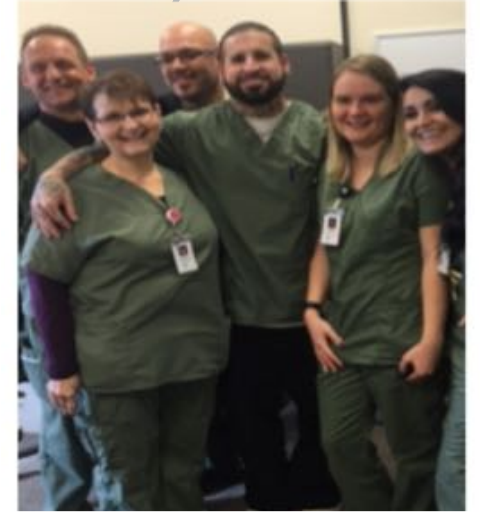


Crisis Response Center in Tucson, AZ
ConnectionsAZ/Banner University Medical Center

23-Hour Observation Model

(common in AZ, recently of interest in other states)

- Staffed 24/7 with MDs, NPs, PAs
- Medical necessity criteria similar to that of inpatient psych (danger to self/other, etc.)
- Diversion from inpatient:
 - **60-70% discharged to the community the following day**
 - Early intervention
 - Median door to doc time is ~90 min
 - Interdisciplinary team
 - Including peers with lived experience
 - Aggressive discharge planning
 - Collaboration and coordination with community & family partners
 - Assumption that the crisis can be resolved



"I came in 100% sure I was going to kill myself, but now (after group) I'm hopeful that it will change. Thank you, RSS members."

Peers with lived experience are an important part of the interdisciplinary team.

The Crisis Response Center

“We address any behavioral health need at any time.”

- Referrals from:
 - Law enforcement
 - Crisis Mobile Teams
 - Walk-ins
 - Transfers from EDs
 - Foster Care
- Studies show this model:
 - Critical for pre-arrest diversion²
 - Reduces ED boarding^{3,4}
 - Reduces hospitalization^{3,4}

These 2
are the
hardest to
do well

CIT Recommendations for Mental Health Receiving Facilities¹

1. Single Source of Entry
2. On Demand Access 24/7
- 3. No Clinical Barriers to Care**
- 4. Minimal Law Enforcement Turnaround Time**
5. Access to Wide Range of Disposition Options
6. Community Interface: Feedback and Problem Solving Capacity

1. Dupont R et al. (2007). Crisis Intervention Team Core Elements. The University of Memphis School of Urban Affairs and Public Policy

2. Steadman HJ et al (2001). A specialized crisis response site as a core element of police-based diversion programs. Psychiatr Serv 52:219-22

3. Little-Upah P et al. (2013). The Banner psychiatric center: a model for providing psychiatric crisis care to the community while easing behavioral health holds in emergency departments. Perm J 17(1): 45-49.

4. Zeller S et al. (2014). Effects of a dedicated regional psychiatric emergency service on boarding of psychiatric patients in area emergency departments. West J Emerg Med 15(1): 1-6.

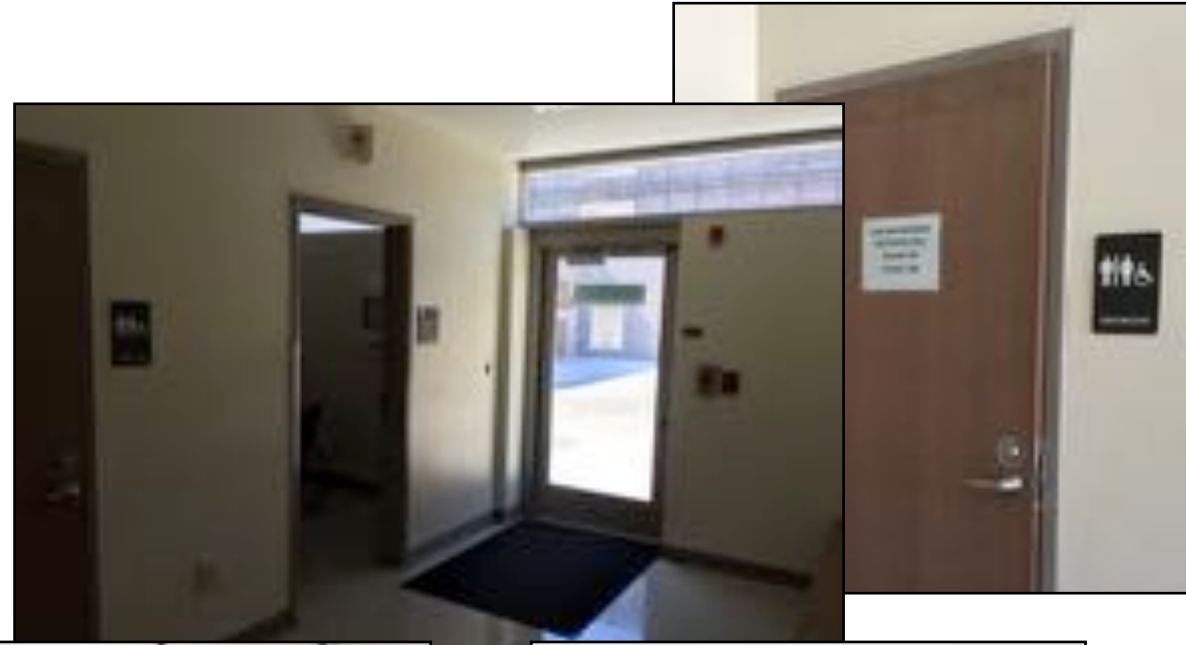
It's easier to
get into
heaven
than a
psychiatric
facility



Law Enforcement is a “Preferred Customer”



Gated Sally Port
Crisis Response Center
Tucson AZ



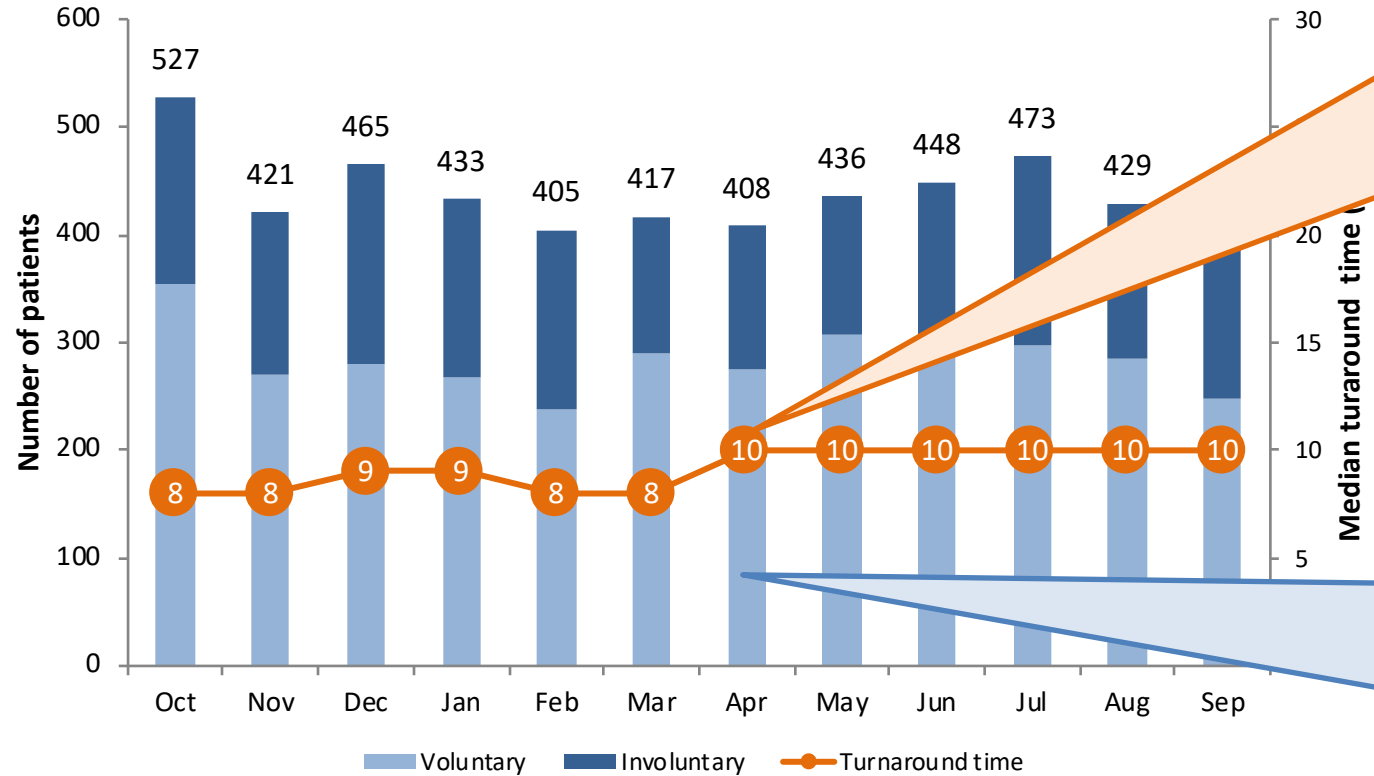
More Law Enforcement Engagement = More People in Treatment Instead of Jail

Cops are super busy and have crimes to fight. Therefore **crisis services need to be QUICK & EASY to access** so that cops prefer to drop off at crisis centers instead of taking the person to jail or the ED.

NO WRONG DOOR means never turn the cops away. If they brought the patient to the "wrong" place, we'll handle it.



**Crisis Response Center
Law Enforcement Drops (Adults)**



It takes 20 min to book someone into jail, so we must get the cops back on the street even **FASTER**.

Most LE drops are **VOLUNTARY**, meaning that the officers are engaging people into treatment.

Crisis Stabilization Aims for the Least-Restrictive Disposition Possible

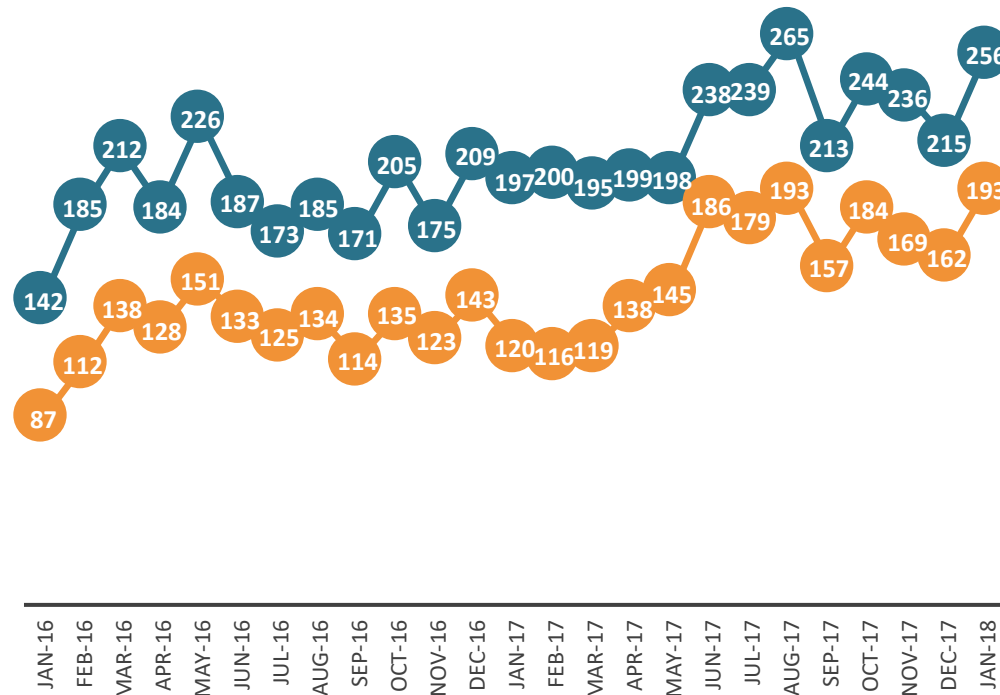
65%

Discharged to Community (Diversion from Inpatient)

- People admitted to the 23-hour observation unit who are discharged to community-based care instead of inpatient admission.
- Most can be stabilized for community dispositions with early intervention, proactive discharge planning, and collaboration with families and other community supports



CRC Dropped
Civil Commitment Applications



Emergency Applications

Dropped after 24 hours

70%

Converted to Voluntary Status

People under involuntary hold who are then discharged to the community or choose voluntary inpatient admission



It took a LONG time and LOTS of collaboration to get where we are today.

2000

< City (Tucson)
MH Court



2004

Felony >
MH Court

County bond passes >
to build crisis facility



2006

Jan 8 2011 shooting >
at Congress On Your Corner



2011

< Peers in the Jail



< Crisis Response Center
opens Aug 2011



2014

MacArthur Grant >
awarded to Pima County



Jail + MH
Data Exchange
< JHIDE
Analytics >

2015

2017

< Co-responders
(cop + clinician)

< Repeat T36 Utilization
(civil commitment/AOT)
Data Sharing Task Force

< 24/7 access to
Opiate MAT at CRC



< 100% MHFA training
achieved at TPD and PCSO



CIT Training >
program started

2001

< Mobile
Crisis Teams



2002

Jail Based >
Restoration to
Competency



2007

< Pima County
Office of BH
Administrator

< DTAP Program
Drug Treatment
Alternative to Prison

2010



2012



< Rural
MH Courts

Law
Enforcement
MH Support
Teams

< PCSO TPD >

2013



< MH First Aid
Training for law
enforcement begins



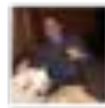
2018

< Learning Site
designation by DOJ/BJA



< MHFA Impact Award
National Council for BH
< Repeat Jail Detainees
Task Force

why we do what we do 😊



Jason Winsky added 2 new photos — with Corey Doggett and 4 others.

351 mins · 🌐

I don't often post about my job, but I can't resist sharing this story. Yesterday, my team received a judge's order to transport a 67 year old woman to a local mental health facility. We discovered that the woman was living in her car (which doesn't run) in a church parking lot for the last ten years. Every day, she works in the church garden and is generally self sufficient. When we met with her, my team was somewhat confused as to why this woman needed to be transported to a mental hospital, but with a judge's order, our hands were tied.

When we told the woman she had to go with us, she became very upset. Pointing to her car, she told us "my whole life is in that car." She just wouldn't leave her car, and we didn't blame her. We knew that she would likely stay in the hospital overnight, leaving her car vulnerable. After trying many other options, suddenly I realized: let's just bring her car with her to the hospital. Easier said than done, since the car didn't run and she had no money for a tow.

With a few phone calls, the Tucson community I love so much rallied to support this woman. **Andrew Cooper** and **Shaun McClusky** pointed me to Barnett's towing, who referred me to Gavin Mehrhoff, owner and operator of East Side towing. I talked to Gavin,

and he quickly agreed, at NO cost, to tow the woman's car to the hospital, and when she's done there, tow it back to the church.

But the kindness didn't stop there. Working with the always awesome Doctor **Margaret Balfour** and the folks at **ConnectionsAZ** was amazing, not only did their hospital security team agree to watch the woman's car, they even promised to help find a room at the hospital where she could SEE her car.

When the woman saw what we had done, the relief in her face was obvious and she agreed to go with us to the hospital. I want to thank my team, especially **Darrell Hussman** and **Todd** for being so patient and compassionate, **Margaret Balfour** who runs the best crisis center in the country, and **Gavin** at **East Side towing** for making a small but critical difference in this woman's life. I love my job!



Crisis System Lessons Learned

- The solution is **not** always more inpatient beds!
- Stabilize crisis in the **least-restrictive** setting possible (which also tends to be the **least-costly**)
- **Governance and payment structures** to incentivize these programs and services
- **Data-driven** decision-making and continuous quality improvement
- Stakeholder **collaboration** across silos
- **Culture of:**
 - **NO WRONG DOOR**
 - **“Figure out how to say YES instead of looking for reasons to say no.”**



Suggestions for Discussion

- What do you do well in your community?
- What would you like to improve or learn more about?
- How can communities in Arizona help each other learn?



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